

SENT VIA E-MAIL

Ms Ruth Camall Chief Executive NHS London Southside 105 Victoria Street London SW1E 6QT

21 March 2011

Dear Ms Carnall.

Quality, Innovation, Productivity and Prevention (QIPP) Implementation in North Central London

We are writing to raise our concerns over the North Central London (NCL) NHS Cluster implementation of its QIPP plans, which clearly does not meet the requirements of the four tests identified by the Secretary of State as a condition of implementing service changes.

LMC representatives from the five PCT areas in North Central London met with the NCL QIPP leads on 11 March. It was clear from the NHS leads present that the Primary Care QIPP proposals had been developed with no engagement from, or consultation with independent GP or LMC representatives. It was also apparent that the views of the LMC representatives at the meeting would not be able to influence the documents and that decisions regarding future Primary Care QIPP priorities would be made irrespective of concerns or issues raised in our meeting.

In addition to our concerns regarding specific elements of the Plan, we are also extremely concerned that the NHS London Cluster management arrangements and 11/12 QIPP plans are solely focused on productivity as a means to creating financial balance to the detriment of developing consortia and General Practice infrastructure. QIPP Primary Care plans include proposals for PMS reviews, enhanced services reviews and list cleansing (as opposed to validation) exercises. There are no proposals for pump priming the primary and community care infrastructure in order to take on the increased secondary to primary care transfer of workload. The savings plans may instead destabilise practices, remove some of the existing levers for consortia to manage demand on secondary care services, and adversely impact on the ability of local GP commissioners to contribute to the delivery of <u>agreed</u> QIPP objectives.

We are concerned that

- 1. There is little clinical evidence base underpinning the proposals.
- 2. There has been no consultation with the LMC or local GPs, and no evidence of engagement with or support from local GP commissioners.
- 3. There is a lack of clarity about how, when, where and by whom decisions regarding the QIPP proposals have been, and will in the future be taken, which, taken with the lack of engagement or proper consultation, lead us to believe that proposals in the QIPP Plan will be imposed on future GP commissioners.

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- 4. Enhanced services and PMS reviews will lead to a reduction in services and choice for patients and poorly planned list cleansing exercises may lead to erroneously removed patients being unable to access services until they have been reregistered.
- 5. There is no evidence of any informed engagement with the public, patients and local authorities.

It is clear from the above that, contrary to the four Lansley Tests, there has been no real engagement or consultation with local GPs, the LMCs, public, patients or Local Authorities. Until such time as proper consultation does take place, involving LMCs as statutory representatives of General Practice and GP commissioning consortia leaders as a minimum, we would appreciate your assurance that the current QIPP process and planning for specific projects be halted.

Copies of this letter are being sent to North Central London LMC Chairs and Vice Chairs, Caroline Taylor, NCL Chief Executive and Liz Wise, NCL QIPP Director. We look forward to hearing what action you intend to take.

Yours sincerely

Dr Tony Grewal Medical Director

North Central London LMCs

On behalf of:

Dr٠	John	Brett,	Chair
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Dr Martin Harris, Vice Chair

Dr Caz Sayer, Chair

Dr Elizabeth Goodburn, Vice Chair

Dr Patrick Keating, Chair

Dr Sinnappoo Karthikesalingam, Joint Vice Chair

Dr Ujjal Sarkar, Joint Vice-Chair

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Dr Robbie Bunt, Chair

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Barnet Local Medical Committee

CC

Ms Caroline Taylor, Chief Executive

Ms Helen Petterson, Director of Transition and

Corporate Affairs

Dr Andy Watts, Medical Director,

Ms Liz Wise, Director of QIPP

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